

Iowa's Managed Care Ombudsman Program

KELLI TODD, PROGRAM MANAGER

KELSEY ZANTINGH, MANAGED CARE OMBUDSMAN

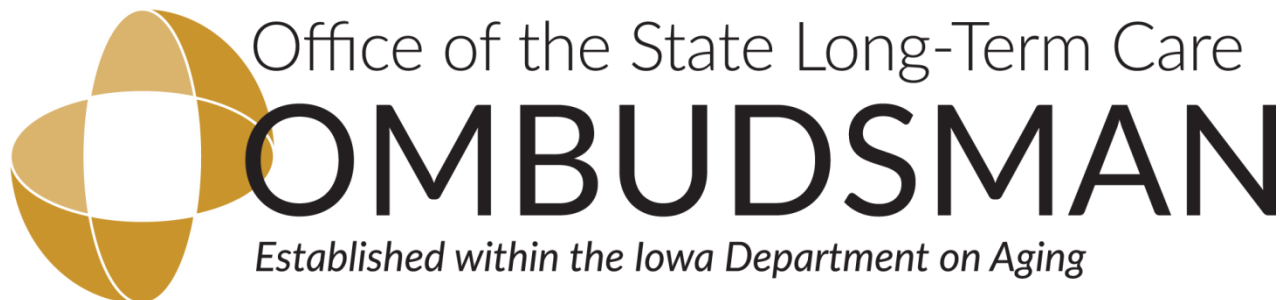


Overview

- Office of the State Long-Term Care Ombudsman
- Managed Care Ombudsman Program
- Rights and Responsibilities
- Considerations and Resources
- Helpful Tips

Office of the State Long-Term Care Ombudsman

- Authorized by the federal Older Americans Act and the state Older Iowans Act
- Operates as an independent entity within the Iowa Department on Aging



Om·buds·man

“One who receives, investigates, reports on and helps settle complaints.”

ADVOCATE

The Managed Care Ombudsman Program

Program Overview

- CMS requires ombudsman services for Medicaid managed long-term services and supports (MLTSS)
- Designated by Senate File 505 to:
 - Assist with understanding services, coverage, and access provisions as well as member rights under Medicaid managed care
 - Provide advice and assistance relating to the preparation and filing of complaints, grievances, and appeals and the state appeals process
 - Track and report on outcomes of individual requests for assistance, obtaining necessary services and supports, and other aspects of services provided

Mission:

Through advocacy, self-empowerment and education by the Managed Care Ombudsman Program, each Medicaid managed care member in Iowa will be treated with dignity and respect and will have his or her rights honored.



Member Groups Served

The Managed Care Ombudsman Program is authorized to advocate for the rights and wishes of Medicaid managed care members receiving care in ***health care facilities, assisted living programs*** and ***elder group homes***, as well as members enrolled in the ***HCBS Waiver Programs***:

- AIDS/HIV
- Brain Injury
- Elderly
- Health and Disability
- Children's Mental Health
- Intellectual Disability
- Physical Disability

Managed Care Ombudsman Functions

The role of the Managed Care Ombudsman Program is to provide:

1. Education and Information
2. Advocacy and Outreach
3. Appeals Assistance and Complaint Resolution
4. Data Collection and Reporting
5. Systemic Collaborations



Members' Rights



Members' Rights

Medicaid managed care members have the right to:

- Be treated with respect and dignity and expect privacy and confidentiality;
- Express concerns without fear of reprisal;
- Participate in the care planning process and make decisions about treatment;
- Make personal choices;
- Be fully informed about services and costs;
- Receive timely, appropriate and accessible medical care;



Members' Rights (cont.)

Medicaid managed care members have the right to:

- Access emergency care services if health is in danger without prior approval from the health care plan;
- Choose a provider of choice from the providers who contract with the Managed Care Organization (MCO);
- Change Managed Care Organizations (MCO), as allowed by program policy ;
- Receive interpretive services; and
- Appeal a decision made by the health care plan.



Provider's Role with Member Rights

Medicaid managed care providers are able to:

- Assist the member with understanding MCO correspondence (i.e., PA approvals/denials)
- Collaborate with members in designing their person-centered care plan
- Involve the member, their legal representative, guardian, and or family in the care planning process (as directed by the member)
- Provide quality-driven, cost effective, culturally appropriate, and person and family driven services

Provider's Role with Member Rights

Medicaid managed care providers are able to:

- Notify a community-based case manager of any significant changes in the member's condition or care, hospitalizations or recommendations for additional services
- Advise or advocate on behalf of the member
 - Submit appeals on a member's behalf with written consent
 - Out of network provider (medically necessary)
- Provide a copy of a member's medical record upon reasonable request by the member at no charge
- Facilitate the transfer of the member's medical record to another provider at the member's request.

Complaints, Grievances and Appeals



Complaints, Grievances and Appeals

- COMPLAINT:

“A concern or issue identified by a member or managed care ombudsman on behalf of one or more members related to the health, safety or rights of a member.”

- GRIEVANCE:

“An expression of dissatisfaction about any matter other than an ‘action.’”

- APPEAL:

“A request for review of an action; a clear expression by the member, or the member’s authorized representative, following a decision made by the MCO, that the member wants the decision to be reviewed and reconsidered.”

Filing a Complaint, Grievance or Appeal

COMPLAINTS

- File a complaint with the MCO or DHS Member Services
- File a complaint with the Managed Care Ombudsman Program

GRIEVANCES

- File a grievance with the MCO, orally or in writing
 - If filing orally, members should follow up by filing the grievance in writing
 - Members can expect to receive a reply from their MCO
 - Grievance decisions made by the MCO cannot be appealed

Filing a Complaint, Grievance or Appeal (cont.)

APPEALS

- File an appeal with the MCO, orally or in writing
 - If filing orally, members should follow up by filing the appeal in writing.
 - Appeal must be filed within 30 days of the action/decision made by the MCO.
 - Members can expect a decision to be made by their MCO within 45 calendar days.

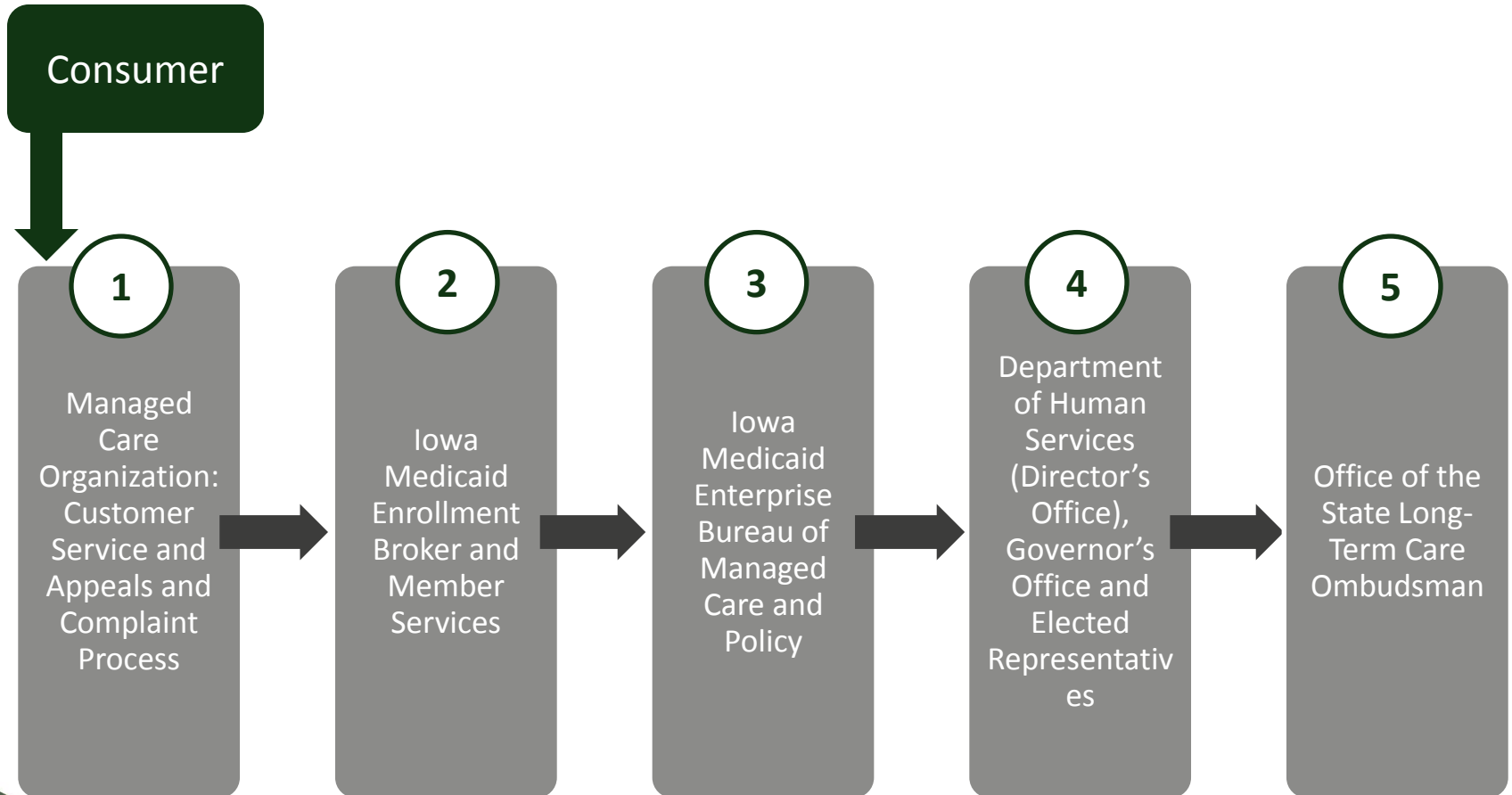
Requesting a Fair Hearing

- Members who are still dissatisfied with the decision made by the MCO may request a fair hearing by:
 - Completing and submitting an “Appeal and Request for Hearing” form with DHS; and
 - Filing the request within 90 days of the MCO appeal decision.

Note: Members must exhaust the appeal process with their MCO before filing for a fair hearing.



“Typical” Complaint Progression



Member Responsibilities

■ LEARN

- Learn about the MCOs and their additional benefits
- Understand your rights and responsibilities related to your MCO, as well as their policies and procedures
- Learn about other health plan options available in your area



Member Responsibilities (cont.)

■ COMMUNICATE

- Communicate with your MCO and providers about your health needs and share information about you
- Ask questions if you do not understand your rights
- Ask questions about your rights and responsibilities, as well as MCO policies and procedures
- Contact your MCO if you have a problem and need help



Member Responsibilities (cont.)

■ PARTICIPATE

- Select the MCO that best fits your needs
- Actively participate in decisions relating to service and treatment options, make personal choices and take action to maintain your health
- Follow care plans and instructions for care that you have agreed upon with your provider
- Continue following Medicaid policies and procedures
- Present your ID card when receiving health care services



Helpful Tips for Members

- Talk with your providers
- Ask questions
- Get to know your managed care organization
- Know and communicate your health care needs
- Be aware of timeframes
- Be proactive



Additional Resources

- Eligibility Assistance
 - DHS Member Services
- Choice Counseling
 - Enrollment Broker
- Advocacy and Legal Assistance
 - Iowa Legal Aid
 - Disability Rights Iowa (DRI)
- Education and Information
 - DHS Member Services
 - LifeLong Links (i.e., options counseling)
 - Current providers (i.e., case managers, care coordinators, etc.)
 - SHIP (dual-eligibles)



Contact the Managed Care Ombudsman:

- Ask for assistance resolving a concern with a MCO or health care provider
- Learn more about the rights of Medicaid members
- Clarify state or federal regulations on Medicaid managed care policies
- Obtain information about or assistance with a specific topic, such as the process for choosing or changing a MCO or care planning
- Learn about other resources available to Iowa Medicaid managed care members and their families



Kelli Todd, Program Manager

kelli.todd@iowa.gov

Kelsey Zantingh, Managed Care Ombudsman

kelsey.zantingh@iowa.gov

(866) 236-1430 | ManagedCareOmbudsman@iowa.gov



Managed Care

OMBUDSMAN PROGRAM

A Division of the Office of the State Long-Term Care Ombudsman

510 E. 12th St., Ste. 2 | Des Moines, IA 50319 | www.iowaaging.gov | 866.236.1430